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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on your government-issued picture identification (for example, your driver's	Deborah First name A	First name
	Middle name	Middle name
Bring your picture identification to your meeting with the trustee.	Williams Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years		
Include your married or maiden names.		
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9618	
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Williams Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number A Middle name Williams Last name and Suffix (Sr., Jr., II, III)

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Case number (if known)

Debtor 1 Deborah A Williams

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 248 Baxter Avenue Cincinnati, OH 45220 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Hamilton County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Deborah A Williams

7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Red</i> age 1 and check the a		C. § 342(b) for Individu	uals Filing for Bankruptcy	
	choosing to file under	☐ Cha	apter 7						
		☐ Cha	apter 11						
		☐ Cha	apter 12						
		■ Cha	apter 13						
3.	How you will pay the fee	a	about how yo	u may pay. Typica attorney is submitt	you may pay with cash	r local court for more details n, cashier's check, or money n a credit card or check with			
			need to pay	pay the fee in installments. If you choose this option, sign and attach the Application for Indiv					
			J	,	Official Form 103A).	this option only i	t vou are filing for Cher	oter 7. By law, a judge may,	
		— k	out is not requapplies to you	uired to, waive you ur family size and y	ır fèe, and may do so you are unable to pay	only if your inco the fee in install	me is less than 150% o	of the official poverty line that this option, you must fill out	
).	Have you filed for bankruptcy within the	□ No. ■ Yes							
	last 8 years?	■ Yes		SDOH	When	4/07/47	Casa number	47 44064	
			District	SDOH	When	4/07/17	Case number	<u>17-11261</u> 16-10096	
			District District	SDOH	When	1/13/16	Case number Case number	10-10090	
			District		When		Case number		
0.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes							
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
11.	Do you rent your	■ No.	Go to li	ne 12.					
11.	Do you rent your residence?	■ No.			ed an eviction judgme	ent against you a	nd do you want to stay	in your residence?	
11.					, ,	ent against you a	nd do you want to stay	in your residence?	

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Debtor 1 Deborah A Williams Case number (if known)

ar	Report About Any Bu	sinesses `	You Own	as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	te & ZIP Code				
	it to this petition.		Check	the appropriate bo	x to describe your business:			
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in is, cash-flo	filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B).				
	For a definition of small	No.	I am n	ot filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
art	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	Yes.	What is t	he hazard?				
	identifiable hazard to public health or safety? Or do you own any							
	property that needs immediate attention?			iate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
	•				Number, Street, City, State & Zip Code			

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Debtor 1 Deborah A Williams

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 60 Case number (if known) Debtor 1 **Deborah A Williams** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Deborah A Williams Signature of Debtor 2 **Deborah A Williams** Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on July 5, 2017

MM / DD / YYYY

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Debtor 1 Deborah A Williams Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Suellen	M. Brafford	Date	July 5, 2017	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Suellen M.	Brafford			
Printed name				
Brafford &	Rivello			
Firm name				
285 E. Mair	n Street, Suite 3			
Batavia, Ol	H 45103			
Number, Street, C	City, State & ZIP Code			
Contact phone	(513) 753-1586	Email address	suellen@braffordlaw.com	
0079995				
Bar number & Sta	ate			

		1700.000	III Paue o ULOU	
Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah A Willia	ms		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	287,550.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	48,136.54
	1c. Copy line 63, Total of all property on Schedule A/B	\$	335,686.54
Par	t 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	308,907.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	20,261.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	33,961.00
	Your total liabilities	\$	363,129.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,400.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,991.19
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	. family, or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Deborah A Williams

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,803.15

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	20,261.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	20,261.00

Debtor 1 Debtor 2 (Spouse, if filing) United States Bankrup Case number Official Form Schedule	ptcy Court for the: SOUT	d this filin Aiddle Name Aiddle Name HERN DIST	Last Name Last Name		☐ Check if this is ar amended filing	
Debtor 2 (Spouse, if filing) United States Bankru Case number Official Form Schedule	irst Name irst Name ptcy Court for the: SOUT 106A/B 4/B: Property	Aiddle Name	Last Name			
Debtor 2 (Spouse, if filing) United States Bankru Case number Official Form Schedule	ptcy Court for the: SOUT 106A/B 4/B: Property	Aiddle Name	Last Name			
Spouse, if filing) Jnited States Bankrup Case number Official Form Schedule	106A/B 4/B: Property	HERN DIST				
United States Bankru Case number Official Form	106A/B 4/B: Property	HERN DIST				
Official Form Schedule	106A/B 4/B: Propert y		RICT OF OHIO			
Official Form	A/B: Property					
Schedule /	A/B: Property				amended filing	
Schedule /	A/B: Property				9	
	ately list and describe items.	/			12/15	
formation. If more spanswer every question.	ce is needed, attach a separ	te sheet to t	married people are filing together, both are his form. On the top of any additional pages			
Yes. Where is the	property?	Wha	t is the property? Check all that apply			
248 Baxter Av	renue	Wila		Do not doduct cooured o	claims or exemptions. Put	
Street address, if avai	ss, if available, or other description Duplex or multi-unit building				red claims on Schedule D: nims Secured by Property.	
			Manufactured or mobile home	Current value of the	Current value of the	
Cincinnati	OH 45220-000	0	Land	entire property?	portion you own?	
City	State ZIP Code		. ' ' '	\$54,820.00	\$54,820.00	
					your ownership interest	
			has an interest in the property? Check one	(such as fee simple, ter a life estate), if known.	nancy by the entireties, or	
		••••		Equitable interest		
			•	-		
Hamilton			•			
Hamilton County			Debtor 1 and Debtor 2 only	— Chook if this is see	mmunity property	
				Check if this is con (see instructions)	mmunity property	

Official Form 106A/B Schedule A/B: Property page 1

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			wilat	is the property? Check all that apply		
1757 Berkley A				Single-family home	Do not deduct secured cla	
Street address, if availa	ble, or other des	cription		Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
				Condominium or cooperative	Crouncers Time Harry Claim	no decarea sy i reperty.
Cincinnati	OΠ	4F227 0000		Manufactured or mobile home	Current value of the	Current value of the
Cincinnati	OH	45237-0000		Land	entire property?	portion you own?
City	State	ZIP Code		Investment property Timeshare	\$76,690.00	\$76,690.0
				Other	Describe the nature of y (such as fee simple, ten	
			Who I	has an interest in the property? Check one	a life estate), if known.	ancy by the entireties,
				Debtor 1 only	Equitable interest	
Hamilton				Debtor 2 only		
County				Debtor 1 and Debtor 2 only	☐ Check if this is con	munity property
				At least one of the debtors and another	(see instructions)	mumity property
			Other	information you wish to add about this ite	m, such as local	
If you own or h	ave more	than one, list h	iere:			
If you own or h		than one, list h		is the property? Check all that apply Single-family home	Do not deduct secured cla	aims or exemptions. Put
-	/e.		What		the amount of any secure	d claims on <i>Schedule D:</i>
3015 Gilbert Av	/e.		What	Single-family home		d claims on <i>Schedule D:</i>
3015 Gilbert Av	/e.		What	Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of any secure	d claims on Schedule D:
3015 Gilbert Av Street address, if availa	/e. ble, or other des	scription	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the
3015 Gilbert Availa Street address, if availa	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
3015 Gilbert Av Street address, if availa	/e. ble, or other des	scription	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
3015 Gilbert Availa Street address, if availa	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$156,040.00	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0
3015 Gilbert Availa Street address, if availa	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	the amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0
3015 Gilbert Availa Street address, if availa	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0
3015 Gilbert Availa Street address, if availa Cincinnati City	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0
3015 Gilbert Availa Street address, if availa Cincinnati City Hamilton	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0
3015 Gilbert Availa Street address, if availa Cincinnati City	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0 cour ownership interest ancy by the entireties, of
3015 Gilbert Availa Street address, if availa Cincinnati City Hamilton	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	the amount of any secure Creditors Who Have Clais Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Equitable interest	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0 cour ownership interest ancy by the entireties, of
3015 Gilbert Availa Street address, if availa Cincinnati City Hamilton	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite	the amount of any secure Creditors Who Have Clais Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Equitable interest	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$156,040.0 cour ownership interest ancy by the entireties,
3015 Gilbert Availa Street address, if availa Cincinnati City Hamilton	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	the amount of any secure Creditors Who Have Clais Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Equitable interest	d claims on Schedule Dams Secured by Property. Current value of the portion you own? \$156,040.
3015 Gilbert Availa Street address, if availa Cincinnati City Hamilton	/e. ble, or other des OH	45206-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Daycare - Private Other School has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite	the amount of any secure Creditors Who Have Clais Current value of the entire property? \$156,040.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Equitable interest	d claims on Schedule D ms Secured by Property. Current value of the portion you own? \$156,040. Tour ownership interes ancy by the entireties,

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 2

Part 2: Describe Your Vehicles

Debt	or 1 D e	eborah A W	/illiams	Document	Page 12 of 60 _C	ase number (if known)	
3. C a	ars, vans,	trucks, tract	ors, sport utility ve	ehicles, motorcycles			
п	No						
_	Yes						
	100						
3.1	Make:	Ford		Who has an interest in	the property? Check one		claims or exemptions. Put
	Model:	Crown Vi	ctoria	Debtor 1 only			ured claims on Schedule D: laims Secured by Property.
	Year:	2003		Debtor 2 only		Current value of the	Current value of the
		nate mileage:	141,000	Debtor 1 and Debtor 2	•	entire property?	portion you own?
	Other info	ormation:		At least one of the de	btors and another		
				Check if this is come (see instructions)	munity property	\$415.00	\$415.00
5 A .p.	ages you 3: Describ	have attache be Your Person	ed for Part 2. Write	that number here	from Part 2, including a		\$415.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
E			ces, furniture, linens Couch, Bookca		oles, Lamps, China Cl		
			Small Kitchen A		frigerator, Dishwashe ble, Vacuum, Hand To , Clothing		\$8,670.0
E		including cell		leo, stereo, and digital equi nedia players, games	uipment; computers, printe	ers, scanners; music collec	ctions; electronic devices
			DVD Player, 2 T	elevisions, Compute	r, Stereo, Camera		\$1,300.0
E	. ,	Antiques and	figurines; paintings, ons, memorabilia, co		ooks, pictures, or other a	rt objects; stamp, coin, or l	paseball card collections;
	No Yes. Des	scribe					
E	xamples: S No	musical instru	graphic, exercise, ar	nd other hobby equipmen	t; bicycles, pool tables, go	olf clubs, skis; canoes and	kayaks; carpentry tools;
	Yes. Des	scribe					

	Case 1:17-b	k-12464	Doc 1			7/05/17 19:40:50	Desc Main
Debtor	1 Deborah A V	Villiams		Document	Page 13 of 60	Case number (if known)	
	amples: Pistols, rifle	s, shotguns, am	nmunition, a	nd related equipment			
	amples: Everyday cl	othes, furs, leat	her coats, d	esigner wear, shoes, a	accessories		
	<i>amples:</i> Everyday je	welry, costume	jewelry, enç	gagement rings, weddi	ng rings, heirloom je	ewelry, watches, gems, gold	d, silver
		Jewelry					\$1,600.00
Ex ■ N	n-farm animals amples: Dogs, cats, lo es. Describe	birds, horses					
	-		ems you d	id not already list, ind	cluding any health	aids you did not list	
		•		Part 3, including an		you have attached	\$11,570.00
Part 4:	Describe Your Finan	cial Assets					
Do you	own or have any l	egal or equital	ole interest	in any of the following	ng?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>amples:</i> Money you l lo	·	•	home, in a safe depos		when you file your petition	
	institutions.			ecounts; certificates of nts with the same insti		redit unions, brokerage hou	uses, and other similar
	es			Institution na	me:		
		17.1. Che	ecking	Fifth Third	Bank		\$1,614.58
				brokerage firms, mone	y market accounts		
	es	Institu	ition or issu	er name:			
	nt venture	ock and intere	sts in inco	rporated and uninco	porated businesse	es, including an interest in	n an LLC, partnership, and
	es. Give specific inf					0/ -1	
		Name of	entity:			% of ownership:	

Official Form 106A/B Schedule A/B: Property page 4

Case 1:17-bk-12464 Doc 1 Filed 07/05/17 Entered 07/05/17 19:40:50 Desc Main Page 14 of 60
Case number (if known) Document Debtor 1 **Deborah A Williams** 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: 401(k) **Formica Corporation** \$34.536.96 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security

No

benefits; unpaid loans you made to someone else

	Case 1:17-bk-12464	Doc 1	Filed 07/05/1 Document	L7 Entered 07/05/17 19:40:5 Page 15 of 60 Case number (if known)	0 Desc Main
Debtor 1	Deborah A Williams			Case number (if known)	
☐ Yes	s. Give specific information				
	ests in insurance policies nples: Health, disability, or life ins	surance; hea	Ith savings account (I	HSA); credit, homeowner's, or renter's insurar	nce
	s. Name the insurance company	of each polic	y and list its value.		
	Compan	y name:		Beneficiary:	Surrender or refund value:
If you	nterest in property that is due u are the beneficiary of a living tre eone has died.			d surance policy, or are currently entitled to rec	eive property because
☐ Yes	s. Give specific information				
Exar ■ No	ns against third parties, whethen ples: Accidents, employment dis			t or made a demand for payment to sue	
■ No		claims of ev	ery nature, includin	g counterclaims of the debtor and rights to	set off claims
35. Any f	financial assets you did not alr	eady list			
■ No	s. Give specific information	•			
	d the dollar value of all of your Part 4. Write that number here.			ny entries for pages you have attached	\$36,151.54
Part 5:	Describe Any Business-Related Pro	perty You Ow	n or Have an Interest I	n. List any real estate in Part 1.	
37. Do yo i	u own or have any legal or equitabl	e interest in a	ıny business-related pı	roperty?	
No. 0	Go to Part 6.				
☐ Yes.	Go to line 38.				
	Describe Any Farm- and Commercia f you own or have an interest in farmla			n or Have an Interest In.	
46. Do y o	ou own or have any legal or eq	uitable inter	est in any farm- or o	commercial fishing-related property?	
■ N	o. Go to Part 7.				
□ Ye	es. Go to line 47.				
Part 7:	Describe All Property You Own	or Have an I	nterest in That You Did	Not List Above	
Exar	ou have other property of any language of any				
■ No □ Yes	s. Give specific information				
54. Add	i the dollar value of all of your	entries from	Part 7. Write that n	umber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Case number (if known)

Document Debtor 1 **Deborah A Williams**

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$287,550.00
56.	Part 2: Total vehicles, line 5	\$415.00		
57.	Part 3: Total personal and household items, line 15	\$11,570.00		
58.	Part 4: Total financial assets, line 36	\$36,151.54		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$48,136.54	Copy personal property total	\$48,136.54
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$335,686.54

Official Form 106A/B Schedule A/B: Property page 7

Fill in this infor				
Debtor 1	Deborah A Willia	ms		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				– 0
(if known)				☐ Check if this is amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt						
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.							
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)				
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption.					
	3015 Gilbert Ave. Cincinnati, OH 45206 Hamilton County	\$156,040.00		\$56,967.00	Ohio Rev. Code Ann. § 2329.66(A)(1)			
	Line from Schedule A/B: 1.3			100% of fair market value, up to any applicable statutory limit	. ,, ,			
	2003 Ford Crown Victoria 141,000	\$415.00			Ohio Rev. Code Ann. §			
	miles Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(2)			
	Couch, Bookcase, Desk, Chairs, Tables, Lamps, China Closet, China,	\$8,670.00		\$8,670.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)			
	Bed, Dresser, Microwave, Refrigerator, Dishwasher, Stove, Small Kitchen Appliances, Game Table, Vacuum, Hand Tools, Power			100% of fair market value, up to any applicable statutory limit	2020.00(7)(7)(4)			

Clothing

Stereo, Camera

\$1,300.00

DVD Player, 2 Televisions, Computer,

Tools, Lawn Mower, Pictures,

Line from Schedule A/B: 6.1

Line from Schedule A/B: 7.1

Ohio Rev. Code Ann. §

2329.66(A)(4)(a)

\$1,300.00

100% of fair market value, up to any applicable statutory limit

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Debtor 1 Deborah A Williams

DE	Deporan A williams			Case number (ii known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che			
	Jewelry Line from Schedule A/B: 12.1	\$1,600.00	\$1,600.00		Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	
	Line Holli Genedale A/D. 1211			100% of fair market value, up to any applicable statutory limit	2020:00(1)(4)(0)	
	Checking: Fifth Third Bank Line from Schedule A/B: 17.1	\$1,614.58		\$475.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
	Line Horr Generale A.B. ****			100% of fair market value, up to any applicable statutory limit		
	Checking: Fifth Third Bank Line from Schedule A/B: 17.1	\$1,614.58		\$1,139.58	Ohio Rev. Code Ann. § 2329.66(A)(18)	
	Line Horr Genedale A.B. 1111			100% of fair market value, up to any applicable statutory limit	2020.00(A)(10)	
	401(k): Formica Corporation Line from Schedule A/B: 21.1	\$34,536.96		\$34,536.96	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)	
	Line Horri Governo V.E. 2111			100% of fair market value, up to any applicable statutory limit	2020100(13)(10)(0)	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)	
	■ No					
	☐ Yes. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

		Document	Page 19	of 60		
Fill in this inform	nation to identify you	r case:				
Debtor 1	Deborah A Willia	ame				
Deptor 1	First Name	Middle Name	Last Name		-	
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name		•	
Helical Orace Ba	al manufactor Occupit for all the	COLITIEDN DICTRICT OF O				
United States Bai	nkruptcy Court for the:	SOUTHERN DISTRICT OF O	HIO		-	
Case number						
(if known)					☐ Check	if this is an
						led filing
Official Form	n 106D					
		Who Hove Claims	Coourad	l by Droport		4044
<u>Scheaule</u>	D: Creditors	Who Have Claims	Secured	by Propert	<u>y </u>	12/15
		f two married people are filing toget				
is needed, copy the number (if known).	Additional Page, fill it o	out, number the entries, and attach it	t to this form. On	the top of any additio	nal pages, write your na	me and case
, ,	have eleime easured by	· · · · · · · · · · · · · · · · · · ·				
	have claims secured by					
	this box and submit th	nis form to the court with your othe	r schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in	all of the information b	pelow.				
Part 1: List A	II Secured Claims					
				Column A	Column B	Column C
		nore than one secured claim, list the cr a particular claim, list the other credito		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's nar		Do not deduct the	that supports this	portion
				value of collateral.	claim	If any
2.1 Federal N		B	4 - 1-1-	\$117,799.00	\$76,690.00	\$41,109.00
Mortgage	Association	Describe the property that secures		\$117,799.00	\$70,030.00	Ψ41,109.00
Creditor's Name	9	1757 Berkley Ave. Cincinna	iti, OH			
4 4004 B. II		45237 Hamilton County				
	las Parkway,	As of the date you file, the claim is	: Check all that			
Suite 1000	-	apply.				
	75254-2916	Contingent				
Number, Street	, City, State & Zip Code	Unliquidated				
		☐ Disputed				
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortgage or secu	ured		
Debtor 2 only		car loan)				
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the	he debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cl	aim relates to a	Other (including a right to offset)	First Mortga	age		
community de	bt	3				
Date debt was inci	urred 05/2006	Last 4 digits of account nun	nber 1580			
Date debt was incl	U3/2000	Last 4 digits of account fidin	1300			
M 0 T D				400.005.00	\$54.000.00	***
2.2 M & T Bar Creditor's Name		Describe the property that secures		\$92,035.00	\$54,820.00	\$37,215.00
Creditor's Name	2	248 Baxter Avenue Cincinn	ati, OH			
		45220 Hamilton County				
475 Cross	spoint Parkway	As of the date you file, the claim is	: Check all that			
Getzville,		apply.				
		Contingent				
Number, Street	, City, State & Zip Code	Unliquidated				
\\/\ \	. L.2 O	Disputed				
Who owes the de	EDL! Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	mortgage or secu	ıred		
Debtor 2 only		car loan)				
☐ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the	he debtors and another	☐ Judgment lien from a lawsuit				
\square Check if this cl		Other (including a right to offset)	First Mortga	age		
community de	bt	, 3 3 1 1 2 2 3 1				_
Date debt was inci	urred 03/2005	Last 4 digits of account nun	nber 4711			
Pare Gent Was HICE	41154 UJ/ZUUJ	Lust + uigits of account fluit	4/11			

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Debtor 1 Deborah A Williams		Case number (if know)				
First Name Middle N	ame Last Name					
2.3 Park National Bank	Describe the property that secures the claim:	\$99,073.00 \$156,040.00 \$0.00				
Creditor's Name 720 East Pete Rose Way,	3015 Gilbert Ave. Cincinnati, OH 45206 Hamilton County					
Suite 100 Cincinnati, OH 45202-3810	As of the date you file, the claim is: Check all that apply. Contingent	at				
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	or secured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien	n)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ortgage				
Date debt was incurred 10/04/2007	Last 4 digits of account number 237	73				
· ·	column A on this page. Write that number here:	\$308,907.00				
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$308,907.00				
Part 2: List Others to Be Notified for	or a Debt That You Already Listed					
trying to collect from you for a debt you o	we to someone else, list the creditor in Part 1, ar t you listed in Part 1, list the additional creditors	you already listed in Part 1. For example, if a collection agency is ind then list the collection agency here. Similarly, if you have more here. If you do not have additional persons to be notified for any				
Name, Number, Street, City, State & Douglas A. Haessig	Zip Code On	which line in Part 1 did you enter the creditor?				
Reimer, Arnovitz, Chernek P.O. Box 39696 Solon, OH 44139	& Jeffrey Co. Las	st 4 digits of account number 4711				
Name, Number, Street, City, State & Manley Deas Kochalski LLC	Zip Code On	which line in Part 1 did you enter the creditor?				
P.O. Box 165028 Columbus. OH 43216-5028		st 4 digits of account number <u>1580</u>				

	Ouse	1.17 bk 12-0- b	Document Pag	e 21 of (60	+0.00 Bcoc	, ividiii
Fill	in this inform	nation to identify your case					
Del	otor 1	Deborah A Williams					
٥.	0.01	First Name	Middle Name Last Na	ime			
	otor 2						
(Spc	ouse if, filing)	First Name	Middle Name Last Na	ame			
Uni	ted States Bar	nkruptcy Court for the: SC	OUTHERN DISTRICT OF OHIO				
Cas	se number						
	nown)					_	if this is an led filing
Off	ficial Form	106E/F					
Sc	hedule E	/F: Creditors Who	Have Unsecured Clair	ns			12/15
Sche Sche left.	edule G: Éxecut edule D: Credito	ory Contracts and Unexpired lors Who Have Claims Secured tinuation Page to this page. If y	could result in a claim. Also list exect Leases (Official Form 106G). Do not in by Property. If more space is needed, you have no information to report in a	clude any cre copy the Part	editors with partially s t you need, fill it out, i	ecured claims that a number the entries in	re listed in n the boxes on the
Par	rt 1: List Al	of Your PRIORITY Unsecu	ured Claims				
1.	Do any credito	rs have priority unsecured cla	ims against you?				
	☐ No. Go to Pa	art 2.					
	Yes.						
2.	identify what typ possible, list the	e of claim it is. If a claim has bot claims in alphabetical order acc	creditor has more than one priority unseth priority and nonpriority amounts, list the cording to the creditor's name. If you have ar claim, list the other creditors in Part 3.	it claim here a	and show both priority a	ind nonpriority amoun	ts. As much as
	(For an explana	tion of each type of claim, see th	ne instructions for this form in the instructi	on booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Ohio De	partment of Taxation	Last 4 digits of account numb	er 9618	\$2,231.00	\$2,231.00	\$0.00
	Priority Cre	editor's Name oad Street, 21st floor	When was the debt incurred?	1/2015		Ψ2,201.00	
		us, OH 43215				=	
		reet City State Zlp Code	As of the date you file, the clai	m is: Check a	all that apply		
	Who incurred	the debt? Check one.	☐ Contingent				
	Debtor 1 or	nly	☐ Unliquidated				
	Debtor 2 or	nly	☐ Disputed				
	Debtor 1 ar	nd Debtor 2 only	Type of PRIORITY unsecured	claim:			
	☐ At least one	e of the debtors and another	☐ Domestic support obligations				
	☐ Check if th	nis claim is for a community d	lebt Taxes and certain other debt	s you owe the	government		
		ubject to offset?	☐ Claims for death or personal				
	■ No	-	☐ Other. Specify	. ,			
	☐ Yes			Income T	ax		

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Debto	Deborah A Williams		Case no	umber (if know)			
2.2	Robert Goering	Last 4 digits of account number	7125	\$18,030.00	\$0.00	\$18,030.00	
	Priority Creditor's Name Hamilton County Treasurer P.O. Box 740857	When was the debt incurred?	12/2016		*****		
	Cincinnati, OH 45274-0857 Number Street City State Zlp Code	As of the date you file, the claim	ie: Chock all	that apply			
v	Who incurred the debt? Check one.		is. Crieck all	шагарріу			
_	Debtor 1 only	☐ Contingent					
_	_	☐ Unliquidated					
	Debtor 2 only	Disputed					
L	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:				
	At least one of the debtors and another	☐ Domestic support obligations					
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ŭ				
_	s the claim subject to offset?	Claims for death or personal inj	ury while you	were intoxicated			
	No	Other. Specify					
L	Yes	3015 Gilbe County	rt Ave. Cii	ncinnati, OH 45206	Hamilton		
Part 2	List All of Your NONPRIORITY Unsecu	ıred Claims					
3. Do	any creditors have nonpriority unsecured claim	ns against you?					
	No. You have nothing to report in this part. Submit	this form to the court with your other s	chedules.				
-	Yes.						
un tha	st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each c an one creditor holds a particular claim, list the other rt 2.	laim. For each claim listed, identify wh	at type of cla	im it is. Do not list claims a	Iready included in	Part 1. If more	
					Total o	claim	
4.1	Accel Credit	Last 4 digits of account numb	er 3863			\$270.00	
	Nonpriority Creditor's Name 10079 Springfield Cincinnati, OH 45215	When was the debt incurred?	2011				
	Number Street City State Zlp Code	As of the date you file, the cla	im is: Check	all that apply			
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a s	eparation agr	reement or divorce that you	did not		
	Is the claim subject to offset?	report as priority claims		and all an alm the state of			
	■ No	Debts to pension or profit-sh			-1-1		
	☐ Yes	Other. Specify Medical	r for Cinci	innati Arthritis Asso	ciates		

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Debto	r 1 Deborah A Williams		Case number (if know)	
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6020	\$243.00
	P.O. Box 30281	When was the debt incurred?	2/2017	
	Salt Lake City, UT 84130	=		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card		
			·	
4.3	Choice Recovery	Last 4 digits of account number	9386,7163,0 186	\$2,542.00
	Nonpriority Creditor's Name 1550 Old Henderson Road Street Columbus, OH 43220	When was the debt incurred?	11/2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	Collector for Specialists Other. Specify Medical	or Qualified Emergency	
4.4	Cincinnati Bell	Last 4 digits of account number	4829	\$173.00
	Nonpriority Creditor's Name P.O. Box 74003	When was the debt incurred?	5/2017	
	Cincinnati, OH 45274-8003		<u></u>	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Internet Se	rvice	

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Debtor 1	Deborah A Williams		Case number (if know)

4.5	Duke Energy	Last 4 digits of account number 6268	\$2,612.00
	Nonpriority Creditor's Name P.O. Box 1327	When was the debt incurred? 6/2017	
	Charlotte, NC 28201-1327	When was the dept incurred:	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Utility	
4.6	Greater Cincinnati Water Works	Last 4 digits of account number 0000	\$633.00
	Nonpriority Creditor's Name		
	P.O. Box 5487 Carol Stream, IL 60197-5487	When was the debt incurred? 6/2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Utility	
4.7	Guardian Alarm	Last 4 digits of account number 0035	\$193.00
	Nonpriority Creditor's Name		·
	P.O. Box 5038	When was the debt incurred? 4/2017	
	Southfield, MI 48086-5038 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Home Alarm System	
		· · ·	

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Deborah A Williams	Case number (if know)	
Interstate Credit Collections	Last 4 digits of account number 0260	\$425.00
Nonpriority Creditor's Name 711 Coliseum Plaza Court	When was the debt incurred? 3/2017	
Winston Salem, NC 27106-5350	_ 	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
_	Utility	
Yes	Other Specify Collector for Duke Energy	
Lot King Development Services	Last 4 digits of account number 6093	\$262.00
Nonpriority Creditor's Name DBA AFFORDABLE 24/7 SERVICES	When was the debt incurred? 2/2016	
5966 STEWART ROAD	ZIZOTO	
Cincinnati, OH 45227		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
_	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans	
lebt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Municipal Court	
Receivables Performance	Last 4 digits of account number 5688	\$67.00
Nonpriority Creditor's Name 20816 44th Ave. West Lynnwood, WA 98036	When was the debt incurred? 2/2015	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collector for Cincinnati Bell	

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Debloi	Deboran A Williams		Case number (if know)					
4.1 1	Santander	Last 4 digits of account number	1323	\$19,686.00				
	Nonpriority Creditor's Name P.O. Box 660633	When was the debt incurred?	3/2017					
	Dallas, TX 75266-0633 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	□Yes	Other Specify Personal L	•					
4.1			8372,3883,2					
2	Senex Services Corp.	Last 4 digits of account number	<u>4N1</u>	\$6,855.00				
	Nonpriority Creditor's Name 3333 Founders Road Indianapolis, IN 46268	When was the debt incurred?	5/2014					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
			or Good Samaritan Hospital, hysician Partners, Bethesda					
	Yes	Other. Specify Medical						
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed						
is tryi have	nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor ir lat you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency I	nere. Similarly, if you				
	and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?					
	d A. Lampe	Line 2.2 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claim	s				
	ast Ninth Street, Suite 400 nnati, OH 45202		☐ Part 2: Creditors with Nonpriority Unsecured Claims					
		Last 4 digits of account number	7125					
	and Address	On which entry in Part 1 or Part 2 did you	_					
	Gilbert CABINET CIRCLE		Part 1: Creditors with Priority Unsecured Claim					
XIX	OADINE! OINOLL		Part 2: Creditors with Nonpriority Unsecured C	laims				
	nnati, OH 45244							

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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1 <u>De</u>	borah .	A Williams	Case	number (if know)
Total	6a.	Domestic support obligations	6a.	\$	0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$	20,261.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	20,261.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	33,961.00
	Total laims Part 1	6a. Total laims Part 1 6b. 6c. 6d. 6e. Total laims Part 2 6g. 6h.	Deborah A Williams 6a. Domestic support obligations Total laims Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. Total laims Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount	6a. Domestic support obligations 6a. Total laims Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. Total laims Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i.	Deborah A Williams Gase number (6a. Domestic support obligations 6a. \$ Total laims Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ Total laims Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i.

Total Nonpriority. Add lines 6f through 6i.

33,961.00

		I A A A H H H		
Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah A Willia	ms		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Advantage Funding 1111 Marcus Avenue, Suite M27 Lake Success, NY 11042	2016 Ford E350 Starcraft Prodigy Shuttle
2.2	GM Financial Leasing 75 Remittance Drive Suite 1738 Chicago, IL 60675-1738	Lease on 2016 Cadillac Escalade

		Docume	nt Page 29 c	of 60
Fill in this	information to identify your	case:		
Debtor 1	Deborah A Willia	ms		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name	
United Sta	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case numb	ber			
(if known)				☐ Check if this is an
				amended filing
Official	l Form 106H			
		-1-1		
Sched	lule H: Your Cod	eptors		12/15
`	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse	as a codebtor.
■ No □ Yes	3			
	hin the last 8 years, have you a, California, Idaho, Louisiana			y? (Community property states and territories include ington, and Wisconsin.)
	Go to line 3. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			_
	City	State	ZIP Code	
3.2				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			_
	City	State	ZIP Code	

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Fill	in this information to identify your ca	ase:						
Del	otor 1 Deborah A V	Villiams			_			
	otor 2 puse, if filing)				_			
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO		_			
(If kr	fficial Form 106I						ed filing ent showing as of the fo	g postpetition chapter llowing date:
S	chedule I: Your Inc	ome						12/1
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your spith you, do not include	oouse i: e inforn	s living w nation ab	ith you, incl out your spo	ude inform ouse. If mo	nation about your ere space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-fil	ing spouse
	If you have more than one job,	Fundament status	■ Employed			☐ Empl	oyed	
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed	
	employers.	Occupation	Self-Employed					
	Include part-time, seasonal, or self-employed work.	Employer's name	Children Village	Acadeı	ny, LLC			
	Occupation may include student or homemaker, if it applies.	Employer's address	3015 Gilbert Ave Cincinnati, OH 45					
		How long employed the	here? 5 years					
Pai	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to rep	oort for a	any line, w	vrite \$0 in the	space. Incl	lude your non-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mployers	for that perso	on on the lin	es below. If you need
					For	Debtor 1		otor 2 or ng spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A

Calculate gross Income. Add line 2 + line 3.

0.00

N/A

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Debt	or 1	Deborah A Williams	_	Cas	e number (if known)				
					or Debtor 1	no	r Debtor 2 n-filing sp	ouse	
	Cop	y line 4 here	4.	\$_	0.00	\$_		N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_		N/A	
	5e.	Insurance	5e.	\$_	0.00	\$_		N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$_		N/A	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	\$_ - \$	0.00	* + \$		N/A N/A	
6				Ψ_ \$		· -			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	Ť -	0.00	\$_		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$_		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	8,400.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		_		_			
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$-		N/A	
	8e.	Social Security	8e.	\$	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	8,400.00	\$_		N/A	<u> </u>
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		8,400.00 + \$		N/A =	\$	8,400.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							,
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		. •	•		_	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12.	\$	8,400.00
							-		iea / income
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						

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Filli	in this information to identify your case:				
Deb	otor 1 Deborah A Williams		Che	ck if this is:	
Deb	otor 2			An amended filing	ving postpetition chapter
	ouse, if filing)			13 expenses as of	
Unite	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHI	0		MM / DD / YYYY	
Case	e number				
(If kr	nown)				
Of	fficial Form 106J				
	chedule J: Your Expenses				12/15
Be a	as complete and accurate as possible. If two married people a principle is needed, attach another sheet to this mber (if known). Answer every question.				
Part	t 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate House	ehold of Deb	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Pes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes □ No
					☐ Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include ■ No	-			□ Tes
	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless	you are using this fo	orm as a si	innlement in a Cha	enter 13 case to report
exp	penses as of a date after the bankruptcy is filed. If this is a sup plicable date.				
	lude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I:				
	ficial Form 106l.)			Your exp	enses
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	e 4. S	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. 3		65.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as h 	nome equity loans	4d. 5	·	0.00 0.00

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Deborah A Williams	Case num	ber (if known)	
es:			
Electricity, heat, natural gas	6a.	\$	120.00
Water, sewer, garbage collection	6b.	\$	100.00
	6c.	\$	95.00
		·	96.19
		·	345.00
		·	0.00
		·	83.00
		·	211.00
•		· ·	
•	11.	Ψ	100.00
	12.	\$	200.00
tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	14.	\$	0.00
<u> </u>			
ot include insurance deducted from your pay or included in lines 4 or 20.			
Life insurance	15a.	\$	0.00
Health insurance	15b.	\$	0.00
Vehicle insurance	15c.	\$	232.00
Other insurance. Specify:	15d.	\$	0.00
s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	16.	\$	0.00
• •		·	1,244.00
		\$	0.00
· · ·		\$	0.00
Other. Specify:	17d.	\$	0.00
		•	0.00
	18.		
		\$	0.00
			0.00
			0.00
		•	0.00
			0.00
			0.00
	20e.	\$	0.00
r: Specify:	21.	+\$	0.00
ulate your monthly expenses			
		\$	2,991.19
•			2,001110
		·	2 004 40
nau iine 22a anu 22b. The result is your monthly expenses.		Ψ	2,991.19
ılate your monthly net income.			
Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,400.00
Copy your monthly expenses from line 22c above.	23b.	-\$	2,991.19
Subtract your monthly expenses from your monthly income.	23c.	\$	5,408.81
The recult is your monthly not income		. •	3, .00.01
The result is your <i>monthly net income</i> .	200.		
ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect you	ou file this	form?	or decrease because o
ou expect an increase or decrease in your expenses within the year after you	ou file this	form?	or decrease because o
	les: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Security Alarm and housekeeping supplies care and children's education costs sing, laundry, and dry cleaning onal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. retainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations ance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20. fy: Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Other. Specify: real property expenses not included in lines 4 or 5 of this form or on Sch Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues respecify:	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Cher. Specify: Security Alarm 6d. and housekeeping supplies 7. care and children's education costs ing, laundry, and dry cleaning onal care products and services 10. cal and dental expenses 11. sportation. Include gas, maintenance, bus or train fare. tri include car payments. tainment, clubs, recreation, newspapers, magazines, and books 13. table contributions and religious donations ance. trinclude insurance deducted from your pay or included in lines 4 or 20. Life insurance Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. fty: Ilment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: payments for Vehicle 2 Other. Specify: payments of alimony, maintenance, and support that you did not report as cated from your pay on line 5, Schedule I, Your Income (Official Form 106I). Tropayments you make to support others who do not live with you. fty: 19. r real property expenses not included in lines 4 or 5 of this form or on Schedule I: You Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Add line 22 and 22b. The result is your monthly expenses. Lalate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Lalate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I.	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Elephone, cell phone, Internet, satellite, and cable services Other. Specify: Security Alarm 6d. \$ Other. Specify: Security Alarm 6d. \$ and housekeeping supplies 7. \$ Care and children's education costs 8. \$ Ing, laundry, and dry cleaning 9. \$ Internation. Include gas, maintenance, bus or train fare. 9. \$ 9. \$ 10. \$ 11. \$ 11. \$ 12. \$ 13. \$ 14. \$ 14. \$ 15. \$ 14. \$ 15. \$ 16. \$ 17. \$ 18. \$ 19. \$ 19. \$ 19. \$ 10. \$ 10. \$ 11. \$

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Fill in this i	nformation to identify you	case:				
Debtor 1	Deborah A Willia					
	First Name	Middle Name	Last Name			
Debtor 2	- First Name	Middle Mann	Last Name			
(Spouse if, filing	g) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO			
Case number	er					
(if known)					☐ Check if this is an	
					amended filing	
Official F	Form 106Dec					
		a.a. l.a.diii.da	l Dalataria Ca	م ماریام م		
Decia	ration About a	<u>an individua</u>	1 Deptor's 50	;neaules	12/15	
years, or bo	th. 18 U.S.C. §§ 152, 1341, Sign Below	1519, and 3571.				
Did yo	u pay or agree to pay som	eone who is NOT an atto	orney to help you fill out I	pankruptcy forms?		
■ N	0					
	es Name of nerson			Attach Rank	ruptcy Petition Preparer's Notice,	
					ration, and Signature (Official Form 119)	
					, and eighten (constant control)	
	penalty of perjury, I declare by are true and correct.	that I have read the sur	nmary and schedules file	ed with this declaratio		
that the	ey are true and correct.	e that I have read the sur	•	ed with this declaratio		
that the		e that I have read the sur	mmary and schedules file X Signature of			
that the X /s/ De	ey are true and correct. Deborah A Williams	e that I have read the sur	x			

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Fill	in this inform	nation to identify you	r case:							
Debtor 1		Deborah A Willia								
_		First Name	Middle Name	Last Name						
l	btor 2 ouse if, filing)	First Name	Middle Name	Last Name						
Un	ited States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO						
Ca	se number									
(if known)					-	Check if this is an amended filing				
Ωf	ficial Fo	rm 107								
			Affairs for Indivi	duals Filing for B	ankruptcy	4/10				
info	rmation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you					
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	ı Lived Before						
1.	What is your	current marital statu	ıs?							
	□ Married■ Not mar	ried								
2.	During the la	g the last 3 years, have you lived anywhere other than where you live now?								
	■ No									
	_	t all of the places you l	ived in the last 3 years. Do n	ot include where you live now	<i>1</i> .					
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. stat					ity property state or territory					
	■ No									
	_	ke sure you fill out Scl	nedule H: Your Codebtors (O	fficial Form 106H).						
Ра	rt 2 Explai	n the Sources of You	r Income							
4.	Fill in the tota	I amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?				
	□ No									
	Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
the data was filed for bankers.		☐ Wages, commissions, bonuses, tips	\$8,400.00	☐ Wages, commissions, bonuses, tips						
			Operating a business		☐ Operating a business					

Official Form 107

Page 36 of 60 Document ase number (if known) Debtor 1 **Deborah A Williams** Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο ☐ Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment **Dates of payment Total amount** Amount you paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment Include creditor's name paid still owe

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Doc 1

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Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.				
	□ No■ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency	Status of the	case
	Federal National Mortgage Association v. Deborah Williams A1701580	Foreclosure	Hamilton County Commo Pleas Court 1000 Main Street Cincinnati, OH 45202	Pending On appea Conclude	
	Lot King Development Services v. Deborah A Williams 15CV16093	Collection	Hamilton County Municip Court 1000 Main Street Cincinnati, OH 45202	Pending ☐ On appea ☐ Conclude	
	M & T Bank v. Deborah A Williams A1604711	Foreclosure	Hamilton County Commo Pleas Court 1000 Main Street Cincinnati, OH 45202	Pending On appea	
	Robert Goering v. Deborah A Williams A1607125	Foreclosure	Hamilton County Commo Pleas Court 1000 Main Street Cincinnati, OH 45202	Pending On appea	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		perty repossessed, foreclosed, ç	jarnished, attached,	seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.				
	Creditor Name and Address	Describe the Property	1	Date	Value of the property
		Explain what happened	ed		p. sps. 3
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		cluding a bank or financial insti	tution, set off any ar	nounts from your
	Creditor Name and Address	Describe the action th		Date action was taken	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		perty in the possession of an ass	signee for the benef	it of creditors, a
	00				

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Document Page 38 of 60 Case number (if known) Debtor 1 Deborah A Williams

Par	t 5: List Certain Gifts and Contribution	ns							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No ■ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$6 per person	600	Describe the gifts		Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift an Address:	d							
14.	Within 2 years before you filed for bank ■ No	kruptcy,	did you give any gifts or contribution	ns with a tota	al value of more than	\$600 to any charity?			
	\square Yes. Fill in the details for each gift or	contribu	tion.						
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed		Dates you contributed	Value			
Par	t 6: List Certain Losses								
5.	Within 1 year before you filed for banks or gambling? ■ No □ Yes. Fill in the details.	uptcy o	r since you filed for bankruptcy, did y	you lose any	thing because of the	t, fire, other disaster			
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the I e the amount that insurance has paid. I nce claims on line 33 of Schedule A/B:	List pending	Date of your loss	Value of property lost			
Par	t 7: List Certain Payments or Transfe	re							
16.	Within 1 year before you filed for banks consulted about seeking bankruptcy o Include any attorneys, bankruptcy petition No Yes. Fill in the details.	r prepari	ing a bankruptcy petition?			rty to anyone you			
	Person Who Was Paid Address Email or website address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment			
	Person Who Made the Payment, if Not	You			made				
17.	Within 1 year before you filed for banks promised to help you deal with your cr Do not include any payment or transfer the	editors o	or to make payments to your creditor		or transfer any prope	rty to anyone who			
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment			
	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second or the second of th	our busii ers made	ness or financial affairs? as security (such as the granting of a s		perty to anyone, othe				
	Yes. Fill in the details.		Description and related	Dec		Data tuan afan			
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made			
	Person's relationship to you								

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Debtor 1 **Deborah A Williams**

19.	 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of v beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 							
	Name of trust	Description and v	alue of the pro	perty transfe	rred	Date Transfer was made		
Par	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and St	orage Units				
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated in the second of t	or other financial accour	nts; certificates	of deposit;	•			
21	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	c n	Date account was closed, sold, noved, or ransferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details.	ear before you filed for	bankruptcy, ar	ny safe depo	sit box or other deposit	tory for securities,		
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe th	e contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe th	e contents	Do you still have it?		
Par	9: Identify Property You Hold or Control	for Someone Else						
23.								
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe th	e property	Value		
Par	10: Give Details About Environmental Info	ormation						
For	he purpose of Part 10, the following definition	ons apply:						

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Deborah A Williams

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No									
	■ No Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of	ŕ							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envi	ironmental law? Include settlements a	nd orders.					
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	11: Give Details About Your Business or 0	Connections to Any Business							
27.	Within 4 years before you filed for bankrupto	cy, did you own a business or have an	ny of the following connections to any	business?					
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time						
	☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing exe	ecutive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.								
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security n	umbor or ITIN					
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	umber of friit.					
	Children Village Academy, LLC	Daycare	EIN:						
	3015 Gilbert Avenue Cincinnati, OH 45206	Deborah Williams	From-To 2012 to present						
28.	Within 2 years before you filed for bankruptoinstitutions, creditors, or other parties.	to anyone about your business? Inclu	de all financial						
	■ No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							
	-								

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Part 12: Sign Below		
are true and correct. I understand that m	nt of Financial Affairs and any attachments, and I denating a false statement, concealing property, or obtains up to \$250,000, or imprisonment for up to 20 years	aining money or property by fraud in connection
/s/ Deborah A Williams		
Deborah A Williams Signature of Debtor 1	Signature of Debtor 2	
Date July 5, 2017	Date	
Did you attach additional pages to <i>Your</i> ■ No □ Yes	Statement of Financial Affairs for Individuals Filing f	or Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone w	no is not an attorney to help you fill out bankruptcy fo	orms?
■ No	. ,,	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Deborah A Williams		Case No.
Deboral A Williams		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I a that compensation paid to me within one year before the filing of the petitic services rendered or to be rendered on behalf of the debtor(s) in contemplation follows:	on in bankruptcy,	, or agreed to be paid to me, for
F	or legal services, I have agreed to accept	\$	1,385.00
	rior to the filing of this statement I have received	\$	1,385.00
В	alance Due	\$	0.00
2.	The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
4.	■ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	r persons unless t	hey are members and/or
	☐ I have agreed to share the above-disclosed compensation with another person of my law firm. A copy of the agreement, together with a list of the names attached.		

II. Application

- 5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing chapter 13 plan, and any preconfirmation amendments thereto that may be required;
 - e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;

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- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

July	5,	201	7
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Date

/s/ Suellen M. Brafford

Suellen M. Brafford Name Brafford & Rivello 285 E. Main Street, Suite 3 Batavia, OH 45103 (513) 753-1586

suellen@braffordlaw.com 0079995

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Fill in this information to identify your case:							
Debtor 1	Deborah A Williams						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the: Southern District of Ohio						
Case number (if known)							

Check	Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt	1: Calculate Your Average Monthly Income						
1		What is your marital and filing status? Check or	ne c	only.				
		■ Not married. Fill out Column A, lines 2-11.						
		☐ Married. Fill out both Columns A and B, lines 2-	-11.					
	10 the	I in the average monthly income that you received from 1(10A). For example, if you are filing on September 15, the 6 months, add the income for all 6 months and divide the ouses own the same rental property, put the income from the	e 6-ı tota	month period would be March al by 6. Fill in the result. Do not	1 throught include	gh August 31. If the amo e any income amount mo	unt of your monthly income vari ore than once. For example, if b	ied during
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2		Your gross wages, salary, tips, bonuses, overtipayroll deductions).	me	, and commissions (before	ore all	\$0.00	\$	
3		Alimony and maintenance payments. Do not inc Column B is filled in.	lud	e payments from a spouse	e if	\$0.00	\$	
4		All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Include regular contributions from filled in. Do not include payments you listed on line	por eho a s	t. Include regular contribut ld, your dependents, paren	tions nts, not	\$ 0.00	\$	
5		Net income from operating a business, profession, or farm		Debtor 1				
		Gross receipts (before all deductions)	\$	2,500.00				
		Ordinary and necessary operating expenses	-\$	2,105.46				
		Net monthly income from a business, profession, or farm	\$	394.54 he	opy ere -> \$	394.54	\$	
6		Net income from rental and other real property		Debtor 1				
		Gross receipts (before all deductions)	\$	8,000.00				
		Ordinary and necessary operating expenses	-\$	1,591.39				
		Net monthly income from rental or other real property	\$	6, 40 8.61 he	opy ere -> \$	6,408.61	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Deborah A Williams Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 6.803.15 +|\$ 6,803.15 each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 6,803.15 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 6,803.15 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 6,803.15 15a. Copy line 14 here=>____ Multiply line 15a by 12 (the number of months in a year). **x** 12 81,637.80 15b. The result is your current monthly income for the year for this part of the form.

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Debt	or 1	Deborah A Williams		Case number (if known)		
16	. Cal	culate the median family income that applies to y	ou. Follow th	ese steps:		
	16a	Fill in the state in which you live.	ОН			
	1 <i>C</i> h	Fill in the number of people in your household.	1			
		Fill in the median family income for your state and			•	46,242.00
	100	To find a list of applicable median income amounts	s, go online us	sing the link specified in the separate	\$	40,242.00
		instructions for this form. This list may also be avai	lable at the ba	ankruptcy clerk's office.		
17		v do the lines compare?				
	17a			page 1 of this form, check box 1, <i>Disposable inc</i> Inculation of Your Disposable Income (Official Fo		
	17b		lation of Yo	his form, check box 2, <i>Disposable income is de</i> ur Disposable Income (Official Form 122C-2)		
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 132	5(b)(4)		
18.	Cop	y your total average monthly income from line 1	1.		\$	6,803.15
19.	con	uct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.				
	•	. If the marital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b	Subtract line 19a from line 18.			\$	6,803.15
20.	Cal	culate your current monthly income for the year.	Follow these	e steps:		
	20a	. Copy line 19b			\$	6,803.15
		Multiply by 12 (the number of months in a year).			X	12
	20b	. The result is your current monthly income for the year	ear for this pa	art of the form	\$	81,637.80
	20c	Copy the median family income for your state and	size of house	hold from line 16c	\$_	46,242.00
	21.	How do the lines compare?				
		☐ Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by	the court, on the top of page 1 of this form, che	eck box 3, T	he commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwis	e ordered by the court, on the top of page 1 of	this form, ch	eck box 4, The
Par	t 4:	Sign Below				
	Ву	igning here, under penalty of perjury I declare that t	he informatio	n on this statement and in any attachments is tr	rue and corre	ect.
,	<i>(</i> s	Deborah A Williams				
•		eborah A Williams				
		gnature of Debtor 1				
	Date	= July 5, 2017 MM / DD / YYYY				
	If yo	u checked 17a, do NOT fill out or file Form 122C-2.				
	If yo	u checked 17b, fill out Form 122C-2 and file it with t	his form. On	line 39 of that form, copy your current monthly i	income from	line 14 above.

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Fill i	n this info	rmation to ider	ntify your	case:										
Debt	or 1	Deborah A V	Villiams				_							
Debt (Spo	or 2 use, if filin	g)												
Unite	ed States E	Bankruptcy Court	for the:	Southern D	istrict of Ohio	0	_							
	e number own)								☐ Che	ck if this	is an a	mended	filing	
	al Form 1		lation	of Vo	Dian	bla	a la							
Cn.	apter	13 Calcu	lation	101 10	ur Disp	osabie	e in	come						04/16
		form, you will no Period (Official F			copy of <i>Cha</i>	apter 13 Stat	temen	nt of Your Cu	rrent Month	nly Incom	e and C	alculatio	n of	
space	e is neede	e and accurate and attach a sepa es, write your na	arate shee	et to this fo	rm, Include t	the line nun	togetl nber t	her, both are to which add	equally res itional infor	ponsible mation a	for bein pplies. C	ng accura On the to	ate. If m p any	nore
Part	1: Ca	Iculate Your De	ductions	from Your I	Income									
th	e questio	l Revenue Servi ns in lines 6-15. may also be av	To find t	he IRS stan	dards, go oi	nline using								
ex	penses if	expense amounts they are higher the do not deduct a	nan the sta	andards. Do	not include a	any operating	g expe	enses that yo	u subtracted	from inco				
lf <u>y</u>	your exper	nses differ from n	nonth to m	nonth, enter	the average	expense.								
No	ote: Line n	umbers 1-4 are r	ot used ir	this form. T	hese numbe	ers apply to ir	nforma	ation required	by a similar	form use	d in chap	oter 7 cas	es.	
5.	The nu	mber of people	used in c	determining	your deduc	ctions from i	incom	ne						
	plus the	ne number of peo e number of any a nber of people in	additional	dependents							1			
Na	ational Sta	andards	You mus	st use the IR	S National S	Standards to	answe	er the questio	ns in lines 6-	-7.				
6.		clothing, and ot rds, fill in the doll					tered i	in line 5 and t	he IRS Natio	onal	\$ _		63	9.00
7.	the doll people	pocket health c ar amount for ou who are 65 or ol han this IRS amo	t-of-pocke derbeca	et health care use older pe	e. The numbe ople have a l	er of people i higher IRS a	is split Illowar	t into two cate nce for health	goriespeop	ole who a	re under	65 and		

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Document Page 48 of 60 **Deborah A Williams** Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 49.00 Copy here=> \$ 49.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 49.00 49.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 489.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 891.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Federal National Mortgage Association** 1,591.39 893.17 M & T Bank Copy Repeat this amount 2,484.56 9b. Total average monthly payment on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Deborah A Williams Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 406.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Deborah A Williams Case number (if known)

	er Necessary Expenses In addition to the of the following IRS	expense deductions listed above, you are allowed your monthly expenses categories.	for			
16.	self-employment taxes, social security taxes,	, ,	\$	0.00		
17	, ,	ayroll deductions that your job requires, such as retirement	· —			
17.	contributions, union dues, and uniform costs.	ayron deductions that your job requires, such as retirement				
	Do not include amounts that are not required l	by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00		
18.	filing together, include payments that you make	that you pay for your own term life insurance. If two married people are ke for your spouse's term life insurance. your dependents, for a non-filing spouse's life insurance, or for any form	\$	0.00		
19.	Court-ordered payments: The total monthly administrative agency, such as spousal or chi Do not include payments on past due obligation	\$	0.00			
20	. , , ,		· —			
∠∪.	Education: The total monthly amount that you ■ as a condition for your job, or	u pay for education that is either required.				
	<u> </u>		\$	0.00		
		dependent child if no public education is available for similar services.	Ψ			
21.	Childcare: The total monthly amount that you Do not include payments for any elementary of	pay for childcare, such as babysitting, daycare, nursery, and preschool. or secondary school education.	\$	0.00		
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.					
22	•		· —			
20.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					
	24. Add all of the expenses allowed under the IRS expense allowances.					
24.		IRS expense allowances.	\$	1,583.00		
	Add lines 6 through 23.	·	\$	1,583.00		
	Add lines 6 through 23. itional Expense Deductions These are according to the control of the c	IRS expense allowances. dditional deductions allowed by the Means Test. t include any expense allowances listed in lines 6-24.	\$	1,583.00		
Add	Add lines 6 through 23. itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and	dditional deductions allowed by the Means Test.		1,583.00		
Add	Add lines 6 through 23. itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say	dditional deductions allowed by the Means Test. t include any expense allowances listed in lines 6-24. I health savings account expenses. The monthly expenses for health		1,583.00		
Add	Add lines 6 through 23. Itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents.	dditional deductions allowed by the Means Test. t include any expense allowances listed in lines 6-24. I health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o		1,583.00		
Add	Add lines 6 through 23. itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance	dditional deductions allowed by the Means Test. I health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o		1,583.00		
Add	Add lines 6 through 23. Itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance	dditional deductions allowed by the Means Test. I health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o 1 0.00 1 0.00 2 0.00		0.00		
Add	Add lines 6 through 23. Itional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance Health savings account Total	dditional deductions allowed by the Means Test. It include any expense allowances listed in lines 6-24. I health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o \$0.00 \$0.00 + \$0.00	r			
Add	Add lines 6 through 23. Itional Expense Deductions These are an Note: Do note Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount?	dditional deductions allowed by the Means Test. It include any expense allowances listed in lines 6-24. It health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o \$	r			
Add	Add lines 6 through 23. Iitional Expense Deductions These are an Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend?	dditional deductions allowed by the Means Test. It include any expense allowances listed in lines 6-24. It health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o \[\begin{align*} 0.00 \\	r			
Add 25.	Add lines 6 through 23. itional Expense Deductions These are ac Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of hou continue to pay for the reasonable and necess	dditional deductions allowed by the Means Test. t include any expense allowances listed in lines 6-24. I health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o \$	r			
Add 25.	Add lines 6 through 23. itional Expense Deductions These are ac Note: Do not Health insurance, disability insurance, and insurance, disability insurance, and health say your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of hou continue to pay for the reasonable and necess	dditional deductions allowed by the Means Test. It include any expense allowances listed in lines 6-24. It health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o	r			
25. 26.	Add lines 6 through 23. Iitional Expense Deductions These are ac Note: Do not Note	dditional deductions allowed by the Means Test. It include any expense allowances listed in lines 6-24. It health savings account expenses. The monthly expenses for health vings accounts that are reasonably necessary for yourself, your spouse, o	r\$	0.00		

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btor 1	Deborah A Williams	Case nur	mber (if known)				
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insurance and	d operating o	expenses	on		
 {	f you believe that you have home energy on the fill in the excess amount of home en	costs that are more than the home energy costs in nergy costs	cluded in ex	penses or	n line		
	ou must give your case trustee document amount claimed is reasonable and necessa	tation of your actual expenses, and you must show ary.	v that the ad	ditional		\$_	0.0
9	Education expenses for dependent child (\$160.42* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expependent children who are younger than 18 years	enses (not r old to attend	more than d a private	or		
	ou must give your case trustee document laimed is reasonable and necessary and r	tation of your actual expenses, and you must explant already accounted for in lines 6-23.	ain why the a	amount			
*	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.					\$_	0.0
ŀ		The monthly amount by which your actual food and gallowances in the IRS National Standards. That is in the IRS National Standards.					
		tional allowance, go online using the link specified so be available at the bankruptcy clerk's office.	I in the sepa	rate			
`	ou must show that the additional amount	claimed is reasonable and necessary.				\$	0.0
	Continuing charitable contributions. The natruments to a religious or charitable organism.	e amount that you will continue to contribute in the anization. 11 U.S.C. § 548(d)(3) and (4).	form of cas	h or finan	cial		
Γ	Oo not include any amount more than 15%	of your gross monthly income.				\$_	0.0
00	Add all after a deletar all accounts and declaration	***************************************				\$	0.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.				Ψ	0.00
33. Fo	ans, and other secured debt, fill in lines	•					
33. F o lo	or debts that are secured by an interest ans, and other secured debt, fill in lines	s 33a through 33e. nent, add all amounts that are contractually due to					e monthly
33. Fo lo To cr	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	s 33a through 33e. nent, add all amounts that are contractually due to inkruptcy. Then divide by 60.	each secure	ed		ayme	
33. Fo lo To cr	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	s 33a through 33e. nent, add all amounts that are contractually due to	each secure	ed	þ	ayme	nt
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Debtor 1	Deb	orah A Williams			Case	e number (if known)				
	•	debts that you listed in li property necessary for ye		•	•	,				
	No.	Go to line 35.								
	Yes.	State any amount that you listed in line 33, to keep p Next, divide by 60 and fill	ossession of your proper							
Nam	e of the	creditor	Identify property that s	ecures the deb	t	Total cure amo	unt		onthly o	cure
-NC	NE-				\$		÷	· 60 = \$	ilount	
	·							¬ c		
					Total	\$	0.00	Copy total here=>	\$	0.00
		owe any priority claims - s due as of the filing date o				at				
		Go to line 36.		3						
	Yes.	Fill in the total amount of a ongoing priority claims, su			le current or					
		Total amount of all past-	due priority claims			\$ 2,23	31.00	÷ 60	\$	37.18
36. P	rojecte	d monthly Chapter 13 pla	n payment			\$				
O th To	Office of ne Exec o find a l	nultiplier for your district as the United States Courts (f utive Office for United State ist of district multipliers that incl nstructions for this form. This li	or districts in Alabama ar es Trustees (for all other of ludes your district, go online	nd North Caroli districts). using the link sp	na) or by ecified in the	×				
Α	verage	monthly administrative exp	ense			\$		Copy total		
		of the deductions for del es 33e through 36.	ot payment.						\$	3,722.20
Total	Deduc	tions from Income								
38. A	dd all d	of the allowed deductions								
		ne 24, All of the expenses a e allowances	allowed under IRS	\$	1,583.00	_				
(Copy lir	ne 32, All of the additional e	expense deductions	\$	0.00	_				
•	Copy lir	ne 37, All of the deductions	for debt payment	+\$	3,722.20	-				
	Total de	aductions		l e	5.305.20	Conv total	horo=>		2	5.305.20

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Debtor 1	Do	eborah A Wi	Illiams		-	Case	e num	ber (if known)		
Part 2	:	Determine Yo	ur Disposable Income Under 11 U.S.C.	. § 1325(I	b)(2)					
			rrent monthly income from line 14 of F Current Monthly Income and Calculati						\$	6,803.15
	40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.					its, or ou	\$	0	.00	
	emplo in 11 l	yer withheld from J.S.C. § 541(b	retirement deductions. The monthly total om wages as contributions for qualified re)(7) plus all required repayments of loans C. § 362(b)(19).	etirement	t plans, as sp	ecified	\$	0	.00	
42.	Total	of all deduction	ons allowed under 11 U.S.C. § 707(b)(2	2)(A). Cop	by line 38 he	re=>	\$	5,305	.20	
	expen their e	ses and you hexpenses. You	cial circumstances. If special circumstan ave no reasonable alternative, describe to must give your case trustee a detailed ex documentation for the expenses.	the specia	al circumstar		d			
Des	cribe	the special ci	ircumstances		Amount	of expe	nse			
					\$					
					\$					
					\$					
			7	Total \$		0.00	Co	py re=> \$	0.00	
44.	Total	adjustments.	Add lines 40 through 43.			_=>	<u> </u>	5,305.20	Copy here=> -\$	5,305.20
45.	Calcu	late your mor	nthly disposable income under § 1325((b)(2). Su	obtract line 44	1 from lir	ne 3	9.	\$	1,497.95
Part 3	: (Change in Inc	come or Expenses							
	have of time y you file	changed or are our case will b ed your petition	or expenses. If the income in Form 1220 evirtually certain to change after the date e open, fill in the information below. For en, check 122C-1 in the first column, enter in when the increase occurred, and fill in	e you filed example, r line 2 in	your bankru if the wages the second	ptcy pet reported column,	tition d inc	and during the reased after		
Forn	n	Line	Reason for change		Date of	change		Increase or decrease?	Amount of	change
□ 1 □ 1 □ 1 □ 1 □ 1	22C-1 22C-2 22C-1 22C-2 22C-1 22C-2 22C-1						_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Decrease ☐ Decrease ☐ Decrease	\$ \$ \$	

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Debtor 1	Deborah A Williams	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the inform	mation on this statement and in any attachments is true and correct.	
	/s/ Deborah A Williams Deborah A Williams Signature of Debtor 1		
_	July 5, 2017 MM / DD / YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

С	hapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Accel Credit 10079 Springfield Cincinnati, OH 45215

Advantage Funding 1111 Marcus Avenue, Suite M27 Lake Success, NY 11042

Capital One P.O. Box 30281 Salt Lake City, UT 84130

Choice Recovery 1550 Old Henderson Road Street Columbus, OH 43220

Cincinnati Bell P.O. Box 74003 Cincinnati, OH 45274-8003

Douglas A. Haessig Reimer, Arnovitz, Chernek & Jeffrey Co. P.O. Box 39696 Solon, OH 44139

Duke Energy P.O. Box 1327 Charlotte, NC 28201-1327

Federal National Mortgage Association 14221 Dallas Parkway, Suite 1000 Dallas, TX 75254-2916

Gerald A. Lampe 230 East Ninth Street, Suite 400 Cincinnati, OH 45202

GM Financial Leasing 75 Remittance Drive Suite 1738 Chicago, IL 60675-1738

Greater Cincinnati Water Works P.O. Box 5487 Carol Stream, IL 60197-5487

Guardian Alarm P.O. Box 5038 Southfield, MI 48086-5038

Interstate Credit Collections 711 Coliseum Plaza Court Winston Salem, NC 27106-5350

Lot King Development Services DBA AFFORDABLE 24/7 SERVICES 5966 STEWART ROAD Cincinnati, OH 45227

M & T Bank 475 Crosspoint Parkway Getzville, NY 14068

Manley Deas Kochalski LLC P.O. Box 165028 Columbus, OH 43216-5028

Ohio Department of Taxation 30 E. Broad Street, 21st floor Columbus, OH 43215

Park National Bank 720 East Pete Rose Way, Suite 100 Cincinnati, OH 45202-3810

Receivables Performance 20816 44th Ave. West Lynnwood, WA 98036

Robert Goering Hamilton County Treasurer P.O. Box 740857 Cincinnati, OH 45274-0857

Santander P.O. Box 660633 Dallas, TX 75266-0633

Scott Gilbert 8135 CABINET CIRCLE Cincinnati, OH 45244

Senex Services Corp. 3333 Founders Road Indianapolis, IN 46268